## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

KIN96USA

| (Column 1) (Column 2)            |                                                |                                                                |                                   |                                   |                           |                                   |       | SMALL ENTITY TYPE  |                        |              | OTHER THAN<br>OR SMALL ENTITY |                        |
|----------------------------------|------------------------------------------------|----------------------------------------------------------------|-----------------------------------|-----------------------------------|---------------------------|-----------------------------------|-------|--------------------|------------------------|--------------|-------------------------------|------------------------|
| TOTAL CLÁIMS                     |                                                |                                                                | 8                                 |                                   | · .                       | •                                 |       | RATE               | FEE                    | 7            | RATE                          | FEE                    |
| FOR                              |                                                |                                                                | NUMBER FILED                      |                                   | NUME                      | NUMBER EXTRA                      |       | BASIC FEE          | 385.00                 | OR           | BASIC FEE                     | 770.00                 |
| TOTAL CHARGEABLE CLAIMS          |                                                |                                                                | 8 minus 20=                       |                                   | * Ø                       |                                   |       | X\$ 9=             |                        | OR           | X\$18=                        |                        |
| <u> </u>                         | DEPENDENT C                                    |                                                                | Minus 3 =                         |                                   | Q                         |                                   |       | X43=               |                        | OR           | X86=                          |                        |
| М                                | JETIPLE DEPEI                                  | NDENT CLAIM P                                                  | RESENT                            |                                   |                           |                                   |       | +145=              |                        | OR           | +290=                         |                        |
| * 11                             | the difference                                 | in column 1 is                                                 | ero, enter                        | "0" in c                          | column 2                  |                                   | TOTAL |                    | OR                     | TOTAL        | 710                           |                        |
|                                  | C                                              |                                                                |                                   | ·                                 |                           | OTHER                             | THAN  |                    |                        |              |                               |                        |
| _                                | <del>,</del>                                   | (Column 1)                                                     |                                   | (Colun                            |                           | (Column 3)                        |       | SMALL              | ENTITY                 | OR           | SMALL                         | ENTITY                 |
| AMENDMENT A                      |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                                   | HIGHI<br>NUME<br>PREVIO<br>PAID F | BER<br>OUSLY              | PRESENT<br>EXTRA                  |       | RATE               | ADDI-<br>TIONAL<br>FEE |              | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                  | Total                                          | *                                                              | Minus                             | **                                |                           | =                                 |       | X\$ 9=             |                        | OR           | X\$18=                        |                        |
|                                  | Independent                                    | dependent   *   Minus   **  RST PRESENTATION OF MULTIPLE DEPEN |                                   | PENDENT                           | CLAIM                     | =                                 |       | X43=               |                        | OR           | X86=                          |                        |
| <u> </u>                         | 11101111202                                    |                                                                | JETH EE DE7                       | ZIVELIVI                          | CLAIIVI                   |                                   |       | +145=              |                        | OR           | +290=                         |                        |
|                                  |                                                |                                                                |                                   |                                   | •                         | •                                 | A     | TOTAL<br>DDIT. FEE |                        | OR           | TOTAL<br>ADDIT. FEE           |                        |
| (Column 1) (Column 2) (Column 3) |                                                |                                                                |                                   |                                   |                           |                                   |       |                    |                        |              |                               |                        |
| AMENDMENT B                      |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                                   | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY               | PRESENT<br>EXTRA                  |       | RATE               | ADDI-<br>TIONAL<br>FEE |              | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                  | Total                                          | *                                                              | Minus                             | **                                | ·                         | =                                 |       | X\$ 9=             |                        | OR           | X\$18=                        |                        |
|                                  | Ind pendent                                    | *                                                              | Minus                             | ***                               |                           | = .                               |       | X43=               |                        | OR           | X86=                          |                        |
|                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                |                                   |                                   |                           |                                   |       |                    |                        | OR           | +290=                         |                        |
|                                  |                                                |                                                                |                                   |                                   |                           |                                   |       | +145=<br>TOTAL     |                        | ן נ          | TOTAL                         | •                      |
|                                  |                                                | Al                                                             | DDIT. FEE L                       |                                   | OR ,                      | ADDIT. FEE                        |       |                    |                        |              |                               |                        |
|                                  |                                                | (Column 1) CLAIMS                                              |                                   | (Colum                            |                           | (Column 3)                        | _     |                    | • •                    | _            |                               |                        |
| AMENDMENT C                      |                                                | REMAINING<br>AFTER<br>AMENDMENT                                |                                   | NUMB<br>PREVIOU<br>PAID F         | ER<br>USLY                | PRESENT<br>EXTRA                  |       | RATE               | ADDI-<br>TIONAL<br>FEE |              | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                  | Total                                          | *                                                              | Minus                             | **                                |                           | 2                                 |       | X\$ 9=             |                        | OR           | X\$18=                        | ,                      |
|                                  | Independent                                    |                                                                | Minus                             | ***                               |                           | =                                 |       | X43=               |                        | OR           | X86=                          |                        |
| Ш                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                |                                   |                                   |                           |                                   |       |                    |                        | ٠ <u>٠</u> ٢ |                               |                        |
| * If                             | the ntry in colum                              | L                                                              | +145=                             |                                   | OR                        | +290=                             |       |                    |                        |              |                               |                        |
| **                               | the "Highest Nun                               | nber Previously Pai                                            | d For IN THIS                     | SPACE is                          | less than                 | 20. enter "20."                   | · AD  | TOTAL<br>DIT. FEE  |                        | OR A         | TOTAL<br>DDIT. FEE            |                        |
| . 7                              | he "High st Num                                | mber Previously Pai<br>ber Previously Paid                     | io Por" IN THIS<br>For" (Total or | SPACE is<br>Independen            | iess than<br>nt) is the l | i 3, enter "3."<br>highest number |       |                    | opriat box             |              |                               |                        |